

City of Alexandria, Virginia

MEMORANDUM

DATE: APRIL 21, 2004

TO: THE HONORABLE MAYOR AND MEMBERS OF CITY COUNCIL

FROM: PHILIP SUNDERLAND, CITY MANAGER *PS*

SUBJECT: CITY COUNCIL CONSIDERATION OF THE FY 2003 ANNUAL REPORT  
FROM THE ALEXANDRIA COMMISSION ON HIV/AIDS

---

**ISSUE:**

City Council consideration of the FY 2003 Annual Report from the Alexandria Commission on HIV/AIDS (Attachment).

**RECOMMENDATION:** That City Council receive the Annual Report from the Alexandria Commission on HIV/AIDS and thank the Commission for its efforts on behalf of the City.

**DISCUSSION:**

The Alexandria Commission on HIV/AIDS is a 27 member advisory board to Council to whose mission is to study HIV/AIDS issues affecting citizens of Alexandria.

The Alexandria Commission on HIV/AIDS has prepared a report that highlights the principal activities of the Commission during FY 2003 (July 1, 2002 through June 30, 2003) and the Commission's planned future efforts.

**ATTACHMENT:** FY 2003 Annual Report for the Alexandria Commission on HIV/AIDS.

**STAFF:**

Charles Konigsberg, Jr., M.D., M.P.H., Director, Alexandria Health Department  
Deborah Dimon, R.N., M.P.H., PHN Supervisor, Alexandria Health Department  
Nechelle Terrell, HIV/AIDS Administrative Technician, Alexandria Health Department

City of Alexandria  
Commission on HIV/AIDS  
2003 Annual Report to the City Council

Brent Minor, Chair  
John Wertman, Vice-Chair

**Commissioners**

*Ryan Allain, Venor Biggs, Penelope Bridges, Merry Brinkley, Dennis Burstein, Zarah Burstein, Susan Butler, Hugo Delgado, George Dumas, Paul Florentino, Jacqueline Forbes, Meredith Forbes, Ernestina Forte, Michel Garfinkel, Vincent Guss, Lyla Hill, Frances Krizan, Carly Mannava, Sarah Markel, David McGrath, Brent Minor, Susan Petersen, Christy Rothenberger, Scott Schwartz, Marcus Smith, Michael Starkweather, April Stubbs-Smith, David Tarantino, Peggy Taylor, Jenny Wade, Pamela Walkup, John Wertman*

**Purpose**

The commission on HIV/AIDS advises the City Council in the formulation and implementation of public policy on the treatment of AIDS and prevention of the spread of HIV, promotes citizen participation in the formulation of such policy, provides Council and the public with current information regarding AIDS and HIV, and promotes educational programs on HIV/AIDS awareness, treatment, and prevention. (*See Section 2-4-117 of the City of Alexandria Code.*)

**Commission Composition**

The City Council appoints twenty-seven citizens to the Commission as follows:

2 Members from and representing INOVA Alexandria Hospital (one of whom shall be from the Hospital's Department of Pastoral Services)

1 member from and representing: Whitman Walker Clinic; Hospice of Northern Virginia; an HIV/AIDS service organization which provides services in the city to the minority community; Alexandria Chapter, American Red Cross; Alexandria Gay and Lesbian Community Association, Northern Virginia AIDS Ministry, Alexandria Ministerial/Interfaith Association; INOVA Visiting Nurses Association Home Health; City of Alexandria Public Schools; Alexandria Community Services Board; Alexandria Human Rights Commission; Alexandria Youth Policy Commission; Alexandria Commission for Women; Alexandria Redevelopment and Housing Authority; the Sheriff, or the Sheriff's Designee; 1 member who is a practicing Physician; 1 student from T. C. Williams High School and Seven Citizens-at-Large

HIV/AIDS continues to present tremendous challenges to our citizens. While Alexandria, as witnessed similarly throughout the Commonwealth of Virginia, has experienced a slowing of death rates related to AIDS, HIV infection rates continue to climb. The combination of patients living longer and new clients entering the healthcare system presents many new challenges.

The Alexandria Commission on HIV/AIDS (ACOHHA) first began in 1987 as a Task Force and was moved up to Commission status in May 2000. Alexandria still is one of the few local municipalities in the Commonwealth that has a citizen's organization devoted to responding to this epidemic.

ACOHHA works closely with the Alexandria Health Department in tracking surveillance and epidemiological data, legislative initiatives in the General Assembly related to HIV/AIDS, and local initiatives of both the health department and community-based organizations.

ACOHHA would like to publicly thank Dr. Charles Konigsburg, Debby Dimon, Valerie McDonald, and Nechelle Terrell, as well as the other members of the Alexandria Health Department who have worked well to respond to the challenges of this epidemic and the needs of our citizens. Alexandrians should be proud and comforted that the Alexandria Health Department is a recognized leader in Northern Virginia as well as the entire Commonwealth for its work in HIV/AIDS.

Specific initiatives undertaken by ACOHHA since our last report in September 2002 are as follows:

**Maintained regular Commission functions.**

ACOHHA maintained its regular bi-monthly meeting schedule, but had to cancel the November meeting because both the Chair and Vice-Chair were unavailable to convene the meeting.

ACOHHA also reorganized general operations to hold officer elections in May of each year and to file an Annual Report every September. Several factors, including the resignation of several key members, including a past ACOHHA Chair, and the switch from a Task Force to a Commission had created some confusion about our operations. These issues now seem to be fully resolved.

ACOHHA worked with City Council to change the Commission charter to replace Hopkins House with a "minority based provider" as Hopkins House has discontinued service to people living with HIV/AIDS. ACOHHA monitors its membership roster to ensure that appropriate representation of affected communities is included.

**Welcomed a variety of presenters to address concerns expressed by Commissioners.**  
Presenters during the past year included:

The Honorable Jane Woods, Virginia Secretary of Human Services. Secretary Woods addressed the concerns expressed by many about the possible reduction in services to people living with HIV/AIDS because of state budget cutbacks.

Michelle Simmons, Northern Virginia HOPWA Coordinator. Housing continues to be one of the greatest needs for low-income people in Northern Virginia. HOPWA (Housing Opportunities for People with AIDS) is an important program administered by HUD and provides service to a number of Alexandrians living with AIDS. Michelle

distributed a copy of the Northern Virginia HIV Consortium and Suburban Virginia HIV/AIDS Housing Plan.

Sue Rowland, Director of VORA (Virginia Organizations Responding to AIDS). VORA organizes the AIDS Awareness Day held every year in Richmond. This presents, perhaps, the best opportunity to meet with Virginia legislators about AIDS-related issues.

**Participated in AIDS Awareness Day at the Virginia General Assembly.**

In addition to having Sue Rowland of VORA, the group that organizes AIDS Awareness Day, present to ACOHA, the Commissioners sent a letter to legislators expressing concern with a bill that might have inhibited HIV prevention education being discussed with youth. Several members of ACOHA actually participated in the Awareness Day and met with legislators. While they did not officially represent ACOHA, they did relate their affiliation to the Commission, which served as a reminder that Alexandria is one of the only municipalities in the Commonwealth that has a citizen's group devoted to HIV/AIDS.

**Participated in Northern Virginia's World AIDS Day ceremony, December 2002.**

Thanks to the organizational efforts of one of the Commission's organizations (Northern Virginia AIDS Ministry), Northern Virginia continued its fine tradition of a ceremony marking World AIDS Day. Many Commissioners attended the service, which was held in Alexandria.

**Reintroduced Facts and Stats, the newsletter of ACOHA.**

Due to the departure of several key Commission members, Facts and Stats had become somewhat dormant. Commissioners agreed that the distribution of Facts and Stats needed to be a priority and under the leadership of Commissioner Michele Garfinkel, the Summer 2003 issue was mailed in late August 2003. It was agreed that Facts and Stats would be published 3 times a year (Summer, Winter, Spring) with the Annual Report serving as the Fall communication. The Commission also wishes to recognize Gordan Thomas Frank, an Alexandria resident, who provided layout assistance for the Summer issue.

Facts and Stats was created many years ago to serve as a regular communication with members of the City Council and other leaders in the community. Facts and Stats updates epidemiological data, locally, nationally, and internationally, and provides information about current issues related to HIV/AIDS. Facts and Stats is presented in an easy format that can be easily read and digested by both laymen and professionals alike. *(See attached copy.)*

**Agreed to serve in an advisory capacity to the Alexandria Health Department on HIV-related issues.**

The Alexandria Health Department is required by many of its federal and state grants to have an Advisory Board to review progress in meeting goals, outreach efforts, etc. While the relationship between the Health Department and ACOHA has traditionally been one of staff support, the Commissioners felt that because of the expertise and the broad representation of its membership, that ACOHA could serve in an advisory capacity. At each meeting the Health Department reviews data and offers a progress report on activities related to HIV/AIDS. Many on ACOHA have expressed appreciation for this new role as it has given them a closer understanding of the operations of the Health Department.

**Developed and distributed a questionnaire for the Mayoral candidates.**

The race to become Alexandria's new mayor offered an opportunity for ACOHA to ascertain where the 3 candidates stood on several important AIDS-related issues. (*See attached questionnaire.*) Two of the candidates (Euille and Van Fleet) responded and demonstrated an impressive understanding of the issues. While ACOHA made no endorsement for the election, the responses were distributed to the ACOHA mailing list allowing the citizens to judge the candidates for themselves.

**UPCOMING ISSUES**

ACOHA seeks to continue many of the same programs that were either new or reintroduced during this past year. These include:

- ☐ Continued publishing of Facts and Stats three times a year.
- ☐ Continued involvement in AIDS Awareness Day (February 2004) and World AIDS Day ceremonies (December 2003).
- ☐ Develop an Orientation Packet to new City Councilmembers and other city leaders.
- ☐ Continue to assist the Alexandria Health Department in its capacity of an Advisory Board.
- ☐ Explore new issues raised by Commissioners.

Part of the mission of ACOHA is to advise the City Council on AIDS-related issues whenever they should arise. The members of ACOHA stand ready to address such issues. In addition, ACOHA will continue to report on the data and activities related to HIV/AIDS in Alexandria and serve as a forum where new ideas and strategies can be discussed to help stem the tide of this terrible epidemic.

Respectfully Submitted,

Brent Minor  
Chair

# Reported Cases of HIV/AIDS for Alexandria and Virginia by Age, Race, Sex and Mode of Transmission

Calendar Year  
2003

Age	HIV			AIDS		
	Virginia	% of Total	Alexandria	% of Total	Alexandria	% of Total
0 - 12	3	0.4%	*	0	0	0.0%
13 - 19	30	3.8%	*	9	0	0.0%
20 - 29	219	27.4%	17	92	9	10.7%
30 - 39	297	37.2%	22	313	34	40.5%
40 - 49	187	23.4%	11	259	31	36.9%
50+	63	7.9%	3	121	10	11.9%
Total	799		55	794	84	
Race	HIV			AIDS		
	Virginia	% of Total	Alexandria	% of Total	Alexandria	% of Total
Black	504	63.1%	25	502	44	52.4%
White	204	25.5%	15	226	26	31.0%
Hispanic	70	8.8%	13	52	12	14.3%
Other/unknown	21	2.6%	2	14	2	2.4%
Total	799		55	794	84	
Sex	HIV			AIDS		
	Virginia	% of Total	Alexandria	% of Total	Alexandria	% of Total
Male	550	68.8%	40	569	66	78.6%
Female	249	31.2%	15	225	18	21.4%
Total	799		55	794	84	
Mode of Transmission	HIV			AIDS		
	Virginia	% of Total	Alexandria	% of Total	Alexandria	% of Total
MSM	273	34.2%	22	304	44	52.4%
IDU	46	5.8%	*	86	11	13.1%
MSM/IDU	8	1.0%	3	19	5	6.0%
Heterosexual	158	19.8%	15	174	15	17.9%
Hemophilia/Transfusion	2	0.3%	*	4	0	0.0%
Other/Not Specified	312	39.0%	14	207	9	10.7%
Total	799		55	794	84	

\*Rule of three. Cell size too small to report.

# Cumulative Cases of HIV/AIDS for Alexandria and Virginia by Age, Race, Sex and Mode of Transmission

Through 2003

Age	AIDS			HIV				
	Virginia	% of Total	Alexandria	% of Total	Alexandria	% of Total		
0 - 12	176	1.1%	*	142	0.9%	3	0.3%	
13 - 19	83	0.5%	*	528	3.4%	24	2.6%	
20 - 29	2,616	16.8%	172	5,026	32.5%	275	30.2%	
30 - 39	6,886	44.3%	477	6,041	39.0%	387	42.5%	
40 - 49	4,150	26.7%	284	2,828	18.3%	175	19.2%	
50+	1,623	10.4%	96	905	5.9%	46	5.1%	
Total	15,534		1,033	15,470		910		
Race	Black	8,510	54.8%	475	10,156	65.6%	575	63.2%
	White	6,294	40.5%	474	4,536	29.3%	257	28.2%
	Hispanic	596	3.8%	75	567	3.7%	62	6.8%
	Other/unknown	134	0.9%	9	211	1.4%	16	1.8%
	Total	15,534		1,033	15,470		910	
Sex	Male	12,639	81.4%	872	11,229	72.6%	653	71.8%
	Female	2,895	18.6%	161	4,241	27.4%	257	28.2%
	Total	15,534		1,033	15,470		910	
Mode of Transmission	MSM	7,553	48.6%	620	5,572	36.0%	346	38.0%
	IDU	2,719	17.5%	128	2,796	18.1%	146	16.0%
	MSM/IDU	910	5.9%	47	843	5.4%	48	5.3%
	Heterosexual	2,293	14.8%	121	3,050	19.7%	198	21.8%
	Hemophilia/Transfusion	377	2.4%	13	192	1.2%	6	0.7%
	Pediatric	197	1.3%	3	142	0.9%	3	0.3%
	Other/Not Specified	1,485	9.6%	101	2,875	18.6%	163	17.9%
	Total	15,534		1,033	15,470		910	

\*Rule of three. Cell size too small to report.

# FACTS & STATS

A Publication of the Alexandria Commission on HIV/AIDS

## LOCAL STATISTICS

### Cumulative AIDS Cases

**ALEXANDRIA** ..... 908  
Through June 2002

Male ..... 778  
Female ..... 130

**VIRGINIA** ..... 14,294  
Through June 2002

Male ..... 11,758  
Female ..... 2,536  
Pediatric (0-12 years) ..... 174  
Adolescent (13-19 years) ..... 73

**UNITED STATES** ..... 816,149  
Through December 2001

Male ..... 666,026  
Female ..... 141,048  
Children ..... 9,074

### HIV Cases

**ALEXANDRIA** ..... 821  
July 1989 - June 2002

Male ..... 591  
Female ..... 230

**VIRGINIA** ..... 14,170  
July 1989 - June 2002

Male ..... 10,338  
Female ..... 3,832  
Pediatric (0-12 years) ..... 138  
Adolescent (13-19 years) ..... 469

**UNITED STATES**  
Estimates of 850,000 to 950,000  
Cumulative to December 2001

*These numbers are almost certainly understated, as there are individuals who are HIV-Positive but not diagnosed.*

MORE STATS →

## CDC Announces New Prevention Strategies



In April 2003, the Director of the Centers for Disease Control, Dr. Julie Gerberding, announced some important changes to the nation's HIV prevention activities. The new initiative is called "Advancing HIV Prevention: New Strategies for a Changing Epidemic" and has four major components:

- Make HIV testing a routine part of medical care. Previously, the CDC primarily recommended testing only for persons at a perceived high risk for HIV. This new effort hopes to reduce the estimated one-third of people who are HIV+, but don't know it.
- Implement new models for diagnosing HIV. With the advent of the OraQuick rapid test, patients can now get results in about 20 minutes. The CDC plans to increase access by expanding testing sites beyond clinics and public health departments.
- Prevent new infections by working with persons diagnosed with HIV and their partners. Partner notification is a routine part of other STD prevention efforts such as syphilis. The CDC hopes to help encourage those infected with HIV to reduce their risk behaviors and to encourage their partners to get tested.
- Further decrease perinatal HIV Transmission. Numerous studies show that mother to child transmission can be dramatically reduced with proper testing and care. The CDC will recommend routine HIV testing of all pregnant women and to monitor the integration of routine prenatal testing into medical practice.

The CDC hopes that these steps will help reduce the number of approximately 40,000 new HIV cases in the United States each year.

Information from Morbidity and Mortality Weekly Report April 18, 2003/Vol.52/No. 15

## Alexandria Commission on HIV/AIDS ANNUAL REPORT

ACoHA's annual report will be available in September. The report covers ACoHA's activities, the changes in the Commission's members, and on-going and future projects. Copies are available from:

Nechelle D. Terrell  
HIV/AIDS Administrative Technician  
Alexandria Health Department  
703-838-4400 /x305  
nterrell@vdh.state.va

## HIV/AIDS-related News

■ **A Call to Action:** The Southern States Summit on HIV/AIDS & STDs was held November 13-15, 2002 in Charlotte, North Carolina. The southern region of the United States, including Virginia, is thought to have the greatest number of people living with AIDS in the United States. Transcripts and videocasts are available from the Kaiser Family Foundation, one of the sponsors of the event: [http://www.kaisernetwork.org/health\\_cast/hcast\\_index.cfm?display=detail&hc=716](http://www.kaisernetwork.org/health_cast/hcast_index.cfm?display=detail&hc=716).



## NATIONAL STATISTICS

### TOP 10 STATES • AIDS BY NUMBER OF CASES

Adults & Adolescents  
Cumulative 1981-2000

1. New York	139,634
2. California	119,021
3. Florida	78,830
4. Texas	53,537
5. New Jersey	41,317
6. Illinois	24,732
7. Puerto Rico	24,491
8. Pennsylvania	23,243
9. Georgia	22,608
10. Maryland	21,380

Washington, D.C. #12 with 12,930 cases  
Virginia is #18 with 12,899 cases

### BY RATE

PER 100,000 POPULATION  
Adults & Adolescents in 2000

1. Washington, DC	179.7
2. Puerto Rico	44.5
3. Virgin Islands	42.4
4. New York	39.8
5. Florida	36.6
6. Delaware	34.4
7. Maryland	33.7
8. New Jersey	27.2
9. South Carolina	24.0
10. Massachusetts	22.6

Virginia is #21 with a rate of 14.9/100,000

MORE STATS →

## AGENCY SPOTLIGHT:

They wanted you to know...



*A new feature! Each issue we will highlight the activities of various local and regional agencies working on HIV/AIDS policy, treatment, prevention, and education. This issue: VORA, Virginia Organizations Responding to AIDS.*

- VORA is a coalition of local, regional, and statewide organizations and individuals responding to the AIDS epidemic, including people living with HIV/AIDS. VORA's mission is to educate the public and policy makers about HIV and AIDS, and the challenges confronting Virginians living with HIV/AIDS. It is supported in part by the Washington AIDS Foundation

- VORA recognizes that people living with HIV/AIDS, and their family, friends, and communities are each unique, and takes this into account in carrying out its mission.

- VORA has a dynamic web site with two especially important features for the community concerned about HIV/AIDS. The first is a frequently updated budget and legislation watch <<http://www.voraonline.org/working/working.php>>; the second is an online forum <<http://www.voraonline.org/forum/index.php>> for exchanging messages on many relevant topics. The forums do not function as distribution lists, so those concerned about receiving additional e-mail need not worry. Those who prefer to receive information via VORA's distribution list may contact VORA: [vora@novam.org](mailto:vora@novam.org), or by phone at 703-626-7392.

## CURRENT MEMBERSHIP OF THE ALEXANDRIA COMMISSION ON HIV/AIDS

Contact: Nechelle D. Terrell  
HIV/AIDS Administrative Technician  
Alexandria Health Department  
703-838-4400 x305

Unless noted, The Alexandria Commission on HIV/AIDS meets every other month, on the third Thursday of the month at 7:17pm in Room 2000 of the Alexandria City Hall. Updates to meeting times or places may be obtained from Nechelle Terrell or at the City's Boards and Commissions Calendar site: [http://www.ci.alexandria.va.us/city/boards\\_comm/calendar.html](http://www.ci.alexandria.va.us/city/boards_comm/calendar.html). The meeting dates for the remainder of 2003 are September 15 and November 17.

**RYAN ALLAIN**  
Community Services Board

**PENELOPE BRIDGES**  
Alexandria Interfaith Association

**MERRY BRINKLEY**  
Sheriff's Department

**DENNIS BURSTEIN**  
Alexandria City Public Schools

**ZARAH BURSTEIN**  
T.C. Williams High School - Student Member

**HUGH DELGADO**  
Whitman-Walker Clinic of Virginia

**GEORGE DUMAS**  
Alexandria Interfaith Association

**PAUL FLORENTINO**  
Practicing Physician

**JACQUELINE FORBES**  
NOVAM

**MICHELE GARFINKEL**  
Citizen-At-Large

**FRANCES KRIZAN**  
INOVA VNA Home Health Care

**BRENT MINOR**  
Citizen-At-Large; Chair of ACoHA

**SUSAN PETERSEN**  
Citizen-At-Large

**CHRISTY ROTHENBERGER**  
American Red Cross - Alexandria Chapter

**DAVID TARANTINO**  
Citizen-At-Large

**JOHN WERTMANN**  
Citizen-At-Large; Vice-Chair of ACoHA

## GLOBAL STATISTICS

### Adults and Children Living with HIV/AIDS, Top 15 (Estimates)

South Africa	4,700,000
India	3,700,000
Ethiopia	3,000,000
Nigeria	2,700,000
Kenya	2,400,000
Zimbabwe	1,500,000
United Republic of Tanzania	1,300,000
Mozambique	1,200,000
Democratic Republic of Congo	1,100,000
United States of America	870,000
Uganda	850,000
Malawi	820,000
Cote d'Ivoire	800,000
Thailand	760,000
	695,000

Source: UNAIDS 2002

### TOTAL NUMBER OF PEOPLE LIVING WITH HIV/AIDS

(End of 2001)

30-50 MILLION

(Best estimate: 40 million; approximately 28.5 million in sub-Saharan Africa)

### CHILDREN ORPHANED BY AIDS

(End of 2001)

14 MILLION

(11 million in sub-Saharan Africa)

## More HIV/AIDS-related News (continued from page 1)

■ **HIV/AIDS and the Smallpox Vaccination Program:** For a number of years, smallpox was off the public's radar screen, but current fears of terrorism have precipitated the beginning of a vaccination program that could have dangerous side effects for people living with HIV/AIDS.

- People With HIV/AIDS (or any other immune deficiency disease) should not receive the vaccine.
- Recently vaccinated individuals should avoid contact with anyone with an immune deficiency.

More about this issue can be found at the following websites: <http://www.bt.cdc.gov/agent/smallpox/index.asp>, <http://www.bt.cdc.gov/agent/smallpox/vaccination/contraindications-public.asp>, and <http://www.napwa.org/smallpoxletter.htm>

■ **The State Budget and HIV/AIDS Programs:** Given the current budget crisis in Virginia, HIV and AIDS programs did perhaps a little less badly than expected in 2003. There were no changes in ADAP funding, a Medicaid buy-in program is being developed, and HIV/AIDS medications will most likely be "carved out" from pre-authorization requirements from the Medicaid "Preferred Drug List."

(Source: Virginia Organizations Responding to AIDS)

■ **AIDS Drug Assistance Programs:** AIDS Drug Assistance Programs (ADAPs) exist to aid the under/uninsured in the United States by providing frequently expensive prescription drugs used in the treatment of HIV and AIDS-related conditions. ADAP is a safety net for people without Veterans' Administration, Medicaid, or private insurance coverage, but it is not an entitlement.

As of June 2001, Virginia was 10th in the number of enrolled ADAP clients with a budget of a little more than \$17 million; about \$2.6 million of this was supplied by the state. For more information on ADAP in other states, see the useful report from the National ADAP monitoring project, a collaboration of the National Alliance of State and Territorial AIDS Directors, the Henry J. Kaiser Family Foundation; and the AIDS Treatment Data Network, available at <http://www.atdn.org/access/adap/>.

## UPCOMING EVENTS

### The National HIV Prevention Conference July 27-30, 2003 • Atlanta, GA

The National HIV Prevention Conference will be held July 27 - 30, 2003, in Atlanta. Co-sponsored by a variety of federal government agencies and non-governmental organizations, the conference focuses on disseminating proven prevention methods to all partners in prevention, and on strengthening collaborations between practitioners and researchers to develop more comprehensive approaches to prevention. More information is available at <http://www.2003HIVPrevConf.org/>.

### The 7th Annual United States Conference on AIDS September 18 - 21, 2003 • New Orleans, LA

The 7th Annual United States Conference on AIDS (USCA) will be held September 18-21, 2003, in New Orleans. USCA is the premier meeting for HIV/AIDS workers and service providers, and people living with AIDS, policymakers, and public officials concerned with service and care issues. For more information, see <http://www.nmac.org/conferences/USCA2003/default.htm>.

## Syphilis update

Syphilis cases continue to be rising in our city at an alarming rate. Many public health experts are concerned that higher syphilis rates could be a harbinger of new increases in the number of cases of HIV/AIDS. Below is a story reprinted from last year in the Washington Blade about this serious issue. Brent Minor, chair of the Alexandria Commission on HIV/AIDS and Debby Dimon of the Alexandria Health Department are quoted.

*Washington Blade - June 14, 2002*

*By Rhonda Smith*

ARLINGTON, VA. — Public health officials in Alexandria and Arlington said they are concerned about the increase in the number of gay and bisexual men who have tested positive for syphilis in the past three years.

While the two Northern Virginia cities are not experiencing a syphilis outbreak, like those reported in recent years in some metropolitan cities nationwide, health officials in Virginia said the trend is troubling.

"What we're seeing is an increase over a period of three years among men who have sex with men," said Jan Tenerowicz, communicable disease bureau chief for the Arlington County Public Health Division. "I'm really concerned for people because they don't recognize that syphilis can be a major health problem. If they're co-infected with HIV, they can get really sick."

Syphilis appears first as a sore, usually on the genitals, then develops as a rash. It can be cured with penicillin, but left untreated it can damage the heart, eyes, brain and other body parts.

Six syphilis cases were diagnosed in Arlington in 1998, statistics from the Arlington County Public Health Division show. This number climbed to eight cases in 1999 and to 12 cases in 2000. Public health officials diagnosed 15 syphilis cases in Arlington in 2001.

Debby Dimon, public health nurse supervisor in the Alexandria Health Department, said between mid-March and the first week of May this year that city reported eight cases of syphilis.

"Prior to last year, the average annual number of cases used to be five to seven in an entire calendar year," she said. "In 2001, we had 10 cases in 12 months."

All eight cases involved gay or bisexual men, four of whom also are infected with HIV and knew their HIV status before becoming infected with syphilis.

"So we're aware that there are people with HIV participating in behaviors that can expose others to HIV," Dimon said.

Even the other four gay or bisexual men in Alexandria, who were diagnosed with syphilis but are not HIV-positive, participated in sexual behaviors that would put them at risk for contracting HIV, Dimon said, based on their recent exposure to syphilis.

She also noted that in Arlington last year, public health officials identified new syphilis cases among gay and bisexual white and Latino men.

"In Alexandria," Dimon said, "we're seeing exposure among white and black men, gay and bisexual." Public health officials in Alexandria have begun redirecting their HIV prevention resources to reach men who are having sex with men, Dimon said.

Valerie McDonald, the city's minority HIV coordinator, has been working with the Black Men's Health Project of Alexandria on this matter.

"We're also taking our concern to the Northern Virginia HIV Consortium," Dimon said. "There are meetings scheduled later this month with the prevention and the executive committees to determine how we can collaborate on our prevention efforts."

Public health authorities in Alexandria also have been meeting with officials in other local jurisdictions to determine whether there are any other similarities among the syphilis cases so strategies could be implemented to curb the problem.

Brent Minor, chair of the Alexandria Commission on AIDS, said an increasing number of people appear to have forgotten how devastating HIV/AIDS can be. "People are having unprotected sex, and that's causing the spread of more sexually transmitted diseases, which in this case is syphilis," he said. "If the past is prologue, what we know is when we see a spike in STDs, a rise in HIV cases is inevitable because [the infections] are spread in the same manner. That's our concern."

Minor is HIV positive, a member of the Presidential Advisory Council on HIV/AIDS and chair of its Care & Treatment Committee.

Last November, the Centers for Disease Control & Prevention reported that while the number of reported syphilis cases in the U.S. hit an all-time low in 2000, outbreaks of the disease have been seen among gay men in a handful of large cities such as Miami, Los Angeles, and Chicago.

Cesar Peña, an epidemiologist for the STD Division of the Maryland Department of Health & Mental Hygiene, in Baltimore, said the number of syphilis cases in that state is decreasing, thanks to initiatives aimed at reducing the rate of infection in Baltimore.

He also said, however, that syphilis cases are increasing in Prince George's County, MD., a Washington suburb. In addition, there has been a slight increase in the number of syphilis cases reported in Harford County, near Baltimore.

There were 18 syphilis cases reported in Prince George's County in 1999, Peña said. In 2000, there were 20 cases reported, and in 2001 he said 29 cases were reported.

Dr. Karyn Berry, chief of the Bureau of Communicable Disease Control in the D.C. Department of Health, said the overall incidence for syphilis cases in the District of Columbia has decreased.

"But when you look at men, there have been fluctuations" in the number of syphilis cases diagnosed. "We'd like to see it lower, and that's what we're aiming for, by investigating cases and contacts and working with community-based organizations."

In 2001, the most recent year for which information was available, she said the total number of syphilis cases diagnosed among men in Washington was 179.

Michelle Stoll, a spokesperson for the Division of HIV & STD in the Virginia Department of Health, said the cities of Danville, Richmond and Norfolk have had the greatest amount of syphilis cases in the past few years. Norfolk has had the most cases in Virginia in 2001, with 63 cases.

*Acknowledgments: The members of the Alexandria Commission on HIV/AIDS are grateful to Gordon Thomas Frank for the new design and the layout of the newsletter. We also thank Debby Dimon and Nechelle Terrell of the Alexandria Health Department for their assistance.*